



Communicable Disease Branch Coronavirus Disease (COVID-19) Weekly Key Points

April 21, 2020

The North Carolina Division of Public Health (NC DPH) Communicable Disease Branch will be releasing COVID-19 weekly key points that includes information discussed on the weekly Tuesday Local Health Department call. As guidance changes, please use the most recent information provided. For questions, contact the NC DPH Communicable Disease Branch 24/7 Epidemiologist on Call at 919-733-3419.

Important Updates

- **Updated Provider Memo** – <https://files.nc.gov/ncdhhs/documents/files/covid-19/COVID-19-Provider-Guidance-Final.pdf>.
- **NEW Recommendations for Food Processing Facilities** (NC DHHS and NC Department of Agriculture and Consumer Services) – <https://files.nc.gov/ncdhhs/documents/files/covid-19/Recommendations-for-Food-Processing-Facilities.pdf>
- **NEW Toolkit for Long Term Care Facilities** – <https://www.ncdhhs.gov/divisions/public-health/covid19/covid-19-guidance#long-term-care-facilities>
- **CMS announcement**, which requires facilities to notify CDC of outbreaks – <https://www.cms.gov/files/document/qso-20-26-nh.pdf>. More details on how to do the reporting will be provided thru rulemaking that will follow. CMS will also require facilities to notify family and staff about confirmed infection.

Upcoming

- **Webinar for COVID-19 Outbreak Management for Local Health Departments**
Thursday, April 23, from 1-2:30pm
Link to join Webinar: <https://zoom.us/j/94899723556> [zoom.us]
Phone: (312) 626-6799 or (646) 558-8656
Webinar ID: 948 9972 3556
iPhone one-tap: +13126266799,,94899723556# or +16465588656,,94899723556#

COVID-19 Outbreaks

Correctional Facilities

Outbreaks in correctional facilities, including state prisons and county jails, should be investigated in collaboration with the facility and local health department where the facility is located. These investigation steps include collecting case reports, entering them into NCEDSS, and notifying the Epi on Call of any outbreaks. Additionally, it is recommended to work with county Sheriff's office to conduct an outbreak response when the setting is a county jail.

Food Processing Plants

Outbreaks among employees in food processing plants have high priority due to the increased risk of rapid spread of COVID-19 in these facilities and throughout the community. These outbreaks can occur in very large facilities with employees that live in several different counties. When investigating cases of COVID-19, LHDs



should ask about the patient's occupation. If an employee works at a food processing plant with an identified outbreak, LHDs should:

1. Link the NCEDSS event to the Outbreak Event in NC EDSS, as soon as possible
2. Share the event with the county where the facility is located
3. Call or email the CD nurse in the county of the facility

If you are made aware of a case that works for a food processing plant, that does not have an identified outbreak, please inform your regional TATP nurse consultant.

Probable Case Definition

The clinical and epi criteria in the [CSTE case definition](#) for probable COVID-19 cases are very broad. Currently, NC DHHS is not asking providers to report probable cases and are not asking local health departments to enter those in NC EDSS. Additionally, persons with a positive serological test results should not be entered into NC EDSS. However, if patients with a positive serological test also have symptoms associated with COVID-19, they should be encouraged to seek a diagnostic PCR test. LHDs can also provide [CDC isolation guidance](#). The probable case definition could be incorporated into our containment-based strategy in the future, especially as we ramp up testing throughout the state.

Long-term care facilities

Staffing

As outbreaks occur, some congregate care facilities have needed additional staffing support. Once an outbreak is identified, we will notify the Regional Healthcare Coalition team who will reach out to the LHD and Local EM to determine if there are evolving staffing needs. If there are staffing needs not addressed locally through the Coalition, SEOC is working with a volunteer team from ECU School of Nursing who will maintain a list of staff interested in part-time or temporary work across the state and matching staff to facilities, as available. As second step, SEOC will use the medical volunteers to identify support as possible for congregate care facilities.

Treatment

NC DHHS is working with nursing homes and adult care homes to make hydroxychloroquine available by partnering with pharmacies that specialize in long term care pharmacy services and pre-positioning hydroxychloroquine. Nursing homes and adult care homes were provided a list of pharmacies along with medication information. Providers choosing to use hydroxychloroquine send patient specific prescriptions to the pharmacy of their choice from the list for filling.

Hospital to Long-term Care Discharge Protocol

NC DHHS is identifying a subset of long-term care facilities that will accept patients with COVID-19 discharged from the hospital to facilities where these patients can be cohorted. NC DHHS has not made any recommendations regarding halting new admissions to long-term care facilities for patients who have COVID-19.

Infection Prevention

It is very important for congregate living facilities to designate someone to be responsible for replenishing the needed supplies. Facilities should be using an EPA-registered hospital grade disinfectant in accordance with the label instructions to clean frequently touched surfaces and shared equipment between residents.



Contact Tracing

NC DHHS received survey responses from 72 local health departments last week about contact tracing. This feedback helps us better understand current processes for contact tracing on the local level.

Results:

- 94% of local health department are currently conducting contact tracing for COVID-19 cases
 - 81% of those LHDs conducting contact tracing, are able to accomplish this for more than three quarters of cases
- Nearly half of all cases reside in 10 counties, making contact tracing more challenging.
 - Only 4/10 of those LHDs reported contact tracing for more than 75% of contacts.
- 71% of LHDs do not need assistance with contact tracing currently, but indicated future assistance would be needed if case counts increase
- Most LHDs are doing contact tracing on paper or using excel spreadsheets
- 29% of LHDs have identified local organizations or agencies for recruitment of contact tracers

Based on these results, the contact tracing team is continuing to work with LHD Director liaisons to figure how integrate an expanded workforce and additional software into the LHDs' current contact training workflows. The intention is that this is not duplicative to local processes and can be available as a resource, as needed.

A couple ways that are being discussed to integrate with LHD needs are:

- Hiring locally and having a process where hired staff will work closely with LHD leadership
- Utilizing familiar software, such as Redcap and NC EDSS.

NC DHSS is working on setting up a call on contact tracing later this week or early next week, to provide more detail and give additional time for questions.

NC EDSS

For all cases of COVID-19, please be sure to enter specimen collection data in the NC EDSS laboratory question package, as soon as possible.

When submitting COVID events to the state for review, please check to make sure the status of the event is accurate:

- Positive events should have the "Confirmed" classification. If you are submitting the event as "confirmed" you should have verified the patient has a positive lab result. Do not submit positive events to the state with an "Unspecified" status.
- If you are submitting a Negative event to the state, please submit as "Does Not Meet Criteria". Please do not submit negative events as "confirmed".
- Please be sure to enter all lab data into NCEDSS – even if the event comes in as a notification from the provider. We need the lab information at the state to verify positive cases. Please be sure to indicate the test result and the specimen collection date in the lab package.

Please use the following steps to ensure the death is completed accurately in NC EDSS:

1. Fill out the clinical outcome and died from this illness questions in the clinical package.
 - "Did the person die from this illness" answer: "Yes"
 - Clinical Outcome answer: "Died"
2. Go to the Person Tab on the dashboard, click Edit Person and update the Date of Death.
 - Accurate date of death entered in NC EDSS
3. Then go to Edit Event Properties on the dashboard and change the disease from COVID to **COVID Death**.
 - For events that were previously reported a case and later die, do not make a new event for the death.